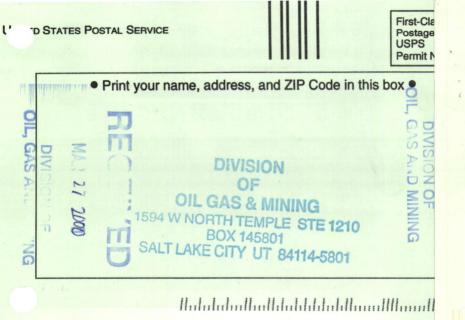
on the reverse side?	SENDER: JB DOGM M 023 011 3 22 00 Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		Non-C l'also wish to receive the following services (for ar extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to:		rticle Number	
completed	ANTHONY PECK	P 074 976 822 4b. Service Type ☐ Registered		
COL	76 S 600 E LEHI UT 84043			M Certified
52			Express Mail Insured	
H		☐ Return Receipt for Merchandise ☐ COD		COD
N AD	The second secon	7. Date of Delivery		
KETUF	5. Received By: (Print Name)		ddressee's Address (Only if requested and fee is paid)	
your	6. Signature: (Addressee or Agent)			
s yo	X pince tack	111 111		
and the same of th	PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Rece			



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)	
Sent to ANTHONY PECK	
Street and No. 76 S 600 E	2
P.O., State and ZIP Code LEHI UT 84043	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of AVIECO/	
TOTAL Postage TOTAL POSTAGE	
Postmark of Date MAR 2 3 2000	
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M/023/011

3/21/00

PS Form 3800, June 1985